| APSC FORM | 12 |
|-----------|----|
| (TAXI)    |    |

| DOCKET NO        |  |
|------------------|--|
| (Do not fill in) |  |

## BEFORE THE ALABAMA PUBLIC SERVICE COMMISSION

This application should be properly filled in, signed and sworn to, and the original and one (1) copy returned to:

Alabama Public Service Commission P O Box 304260 Montgomery, AL 36130

|       |   | 1                       | O DOA 30 1200          |   |                      |
|-------|---|-------------------------|------------------------|---|----------------------|
|       |   | Montg                   | gomery, AL 36130       |   |                      |
| I A   | Application of  |                         |                        |   |                      |
| 1. 1  | ipplication of  |                         | (Legal Name)           |   |                      |
| DBA   |   |                         |                        |   |                      |
|       |   |                         | (Trade Name)           |   |                      |
| BUSI  | NESS ADDRESS  |                         |                        |   |                      |
|       |   | (Street, Highway, o     | r Rural Route and Bo   | ox Number)  |                      |
|       | (City)  |                         | (State)                |   | (Zip Code)           |
| Геlер | hone Number   |                         | Fax Numbe              | er  |                      |
| Alaba | ma Motor Carrier Act i  | in intrastate transport | ation of passengers a  | ommon carrier under the<br>and their baggage in spec<br>ed, and respectfully show | cial or charter taxi |
| II.   | That applicant is   | ( ) Individual          | ( )Partnership         | ( ) Corporation.  |                      |
| III.  | That in support hereo hereof.   | f, Exhibits "A", "B     | ", "C", "D", and       | "E" are attached hereto   | and made a part      |
| IV.   | That there is attached hereto ( ) Cash, ( ) Check, ( ) Money Order in the amount of \$100.00 in payment of application fee required by law. (If remittance is other than cash, make payable to: <u>Alabama Public Service Commission</u> .) |                         |                        |   |                      |
| V.    | Commission may re   | equire and will comp    | oly with such requires | connection with this a<br>ments of the Alabama I<br>are applicable to the         | Motor Carrier Act    |

| Form: (A) | (base area)                          |     |
|-----------|--------------------------------------|-----|
| To: (B)   |                                      | · ; |
| and       | from points in (B) to points in (A). |     |

#### Instructions:

VI.

The base area in Section (A) should represent the primary territory in which a carrier conducts operations and should be specifically defined in terms of a city or county area. The territory in Section (B) should include all points the carrier desires to serve outside the base area. The above language describes operations transporting passengers:

1. Between points within the base area.

PROPOSED TERRITORY

- 2. From points in the base area to the territory described in Section (B).
- 3. From the territory described in Section (B) to the base area.

#### EXHIBIT "A"

### COPY OF ARTICLES OF INCORPORATION, PARTNERSHIPS OR ASSOCIATION (Attach Separately)

EXHIBIT "B"

STATEMENT CONCERNING QUALIFICATIONS AND EXPERIENCE OF APPLICANT

### EXHIBIT "C"

# STATEMENT CONCERNING OWNERSHIP OF PROPERTY AND FINANCIAL CONDITION OF APPLICANT. (Note: If a partnership, file a statement separately as to each partner.)

| ASSET  | <u>`S:</u>                                   |      | As of,                |   |
|--------|--|------|-----------------------|---|
|        | ÷  |      | (latest current date) |   |
|        | Cash on hand and in bank                     | \$   |                       |   |
|        | Land and building                            |      |                       |   |
|        | Trucks (value as of balance sheet date)      |      |                       |   |
|        | Tractors                                     |      |                       |   |
|        | Trailers                                     |      |                       |   |
|        | Buses  |      |                       |   |
|        | Automobiles                                  |      |                       |   |
|        | Investments (Stocks, bonds, other securities | s) _ |                       |   |
|        | Other assets (describe)                      |      |                       |   |
|        | TOTAL  | \$   |                       |   |
|        |  |      |                       |   |
| LIABII | LITIES:                                      |      |                       |   |
|        | Mortgage on land and buildings               | \$   |                       |   |
|        | Balance owed on vehicles                     |      |                       |   |
|        | Other liabilities (describe)                 |      |                       |   |
|        | TOTAL  | \$   |                       |   |
| NET W  | /ORTH  | \$   |                       | = |
|        |  |      |                       | = |

#### EXHIBIT "D"

 $\frac{PUBLIC\ CONVENIENCE\ AND\ NECESSITY}{\text{(Set\ forth\ briefly\ the\ reasons\ why\ the\ proposed\ service\ is\ or\ will\ be\ required\ by\ present\ or\ future\ public}}$ convenience and necessity.)

#### EXHIBIT "E"

### **DESCRIPTION OF EQUIPMENT**

(Describe all vehicles to be used by applicant in the operation covered by this application.)

| ТҮРЕ | MAKE | MODEL | SEATING<br>CAPACITY | MOTOR NO. | LICENSE |
|------|------|-------|---------------------|-----------|---------|
|      |      |       |                     |           |         |
|      |      |       |                     |           |         |
|      |      |       |                     |           |         |
|      |      |       |                     |           |         |
|      |      |       |                     |           |         |

### <u>AFFIDAVIT</u>

| STATE OF  |   |
|---|---|
| COUNTY OF   |   |
| Before me,in said   | , a Notary Public in and for said county,   |
| sworn, says<br>that he is authorized to make this affiday | , who being by me first duly it on behalf of applicant in the above and foregoing application; that in said application and exhibits thereto attached are full, true, and edge, information and belief. |
|   | (Affiant)   |
| Sworn to and subscribed before me, this _                 | day of  |
|   | (Notary Public)   |
| ( Seal )  |   |
| My Commission expires                                     |   |
|   | ATTORNEY OR REPRESENTATIVE:   |
|   | (Name)  |
|   | (Address)   |
|   |   |
|   |   |
|   | (Telephone Number)  |